

Name
in
Full

Ldy Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>near Georgetown</u>		County <u>Kent.</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>July</u>	Day <u>27</u>	Year <u>96</u>	Montha	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Kent Co Md</u>			
Occupation <u>Housework</u>	Where Reiding if not at place of dash <u>Ward, Pa.</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>James Clark.</u>	Father's Name <u>Jesse Gordon</u>	Father's Birthplace <u>Pa.</u>		
Mother's Maiden Name <u>Hattie Moseel</u>	Mother's Birthplace <u>Kyoto Md</u>		How related to deceased <u>Husband.</u>		
Name of person giving information <u>James Clark</u>					

CAUSES OF DEATH

Primary

Carcinoma of Uterus

42

X

How long 3 years

Immediate

Exhaustion

X

How long 3 months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

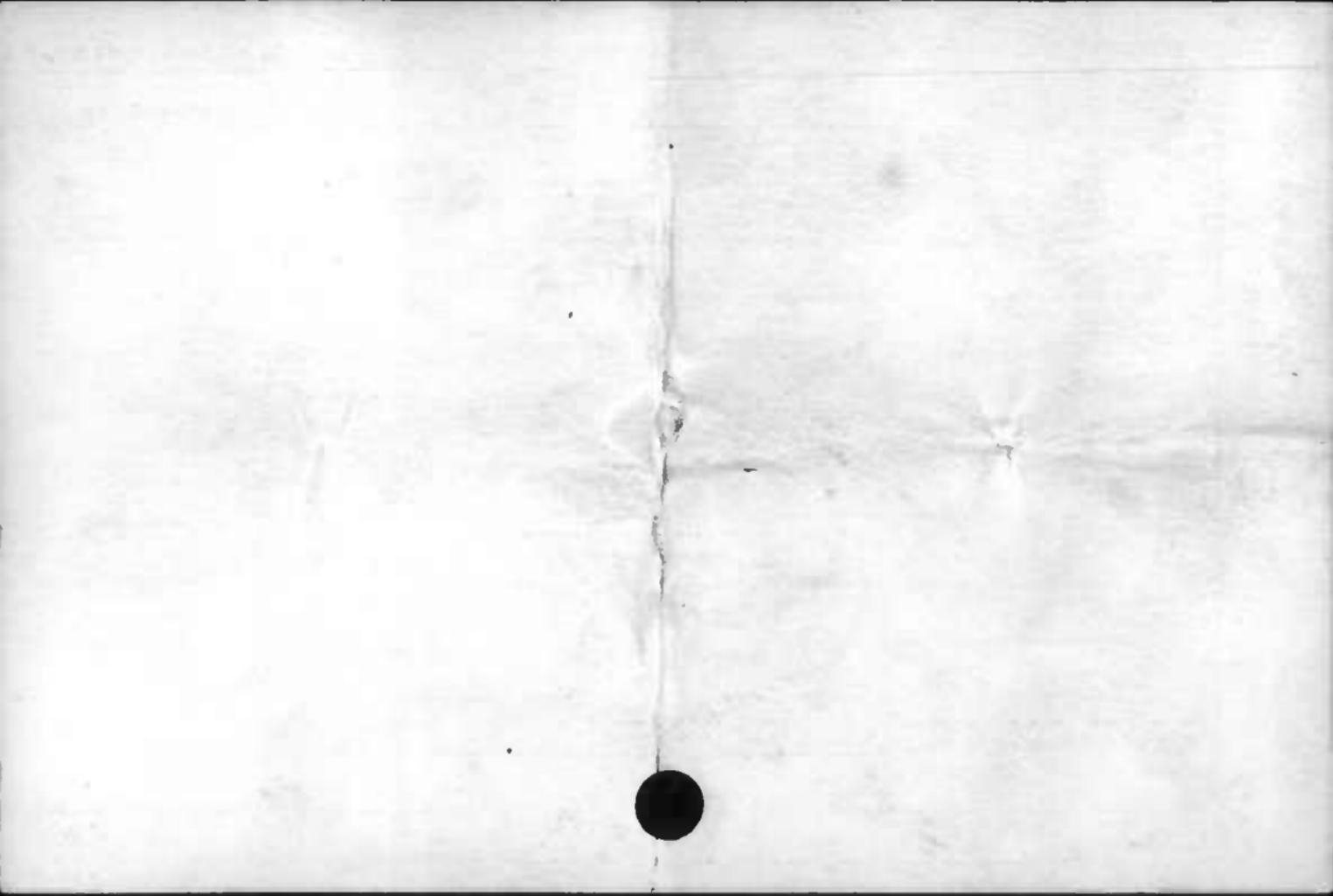
Frank W. Smith

Charlestown # 1

3rd.

Accident or Suicide

SW



Name
in
Full

David Clements

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>near Brumpton</u>		County <u>Kent</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>July</u>	Day <u>30</u>	Age <u>91</u>	Months <u>9</u>	Days <u>9</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Caroline Co Md</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widower</u>	Name of Wife <u>Husband</u>	<u>Susan F Slaughter</u>			
Father's Name <u>Joel Clements</u>	Father's Birthplace <u>Sugar Loaf Mill Del</u>				
Mother's Maiden Name <u>Margaret Roe</u>	Mother's Birthplace <u>Caroline Co Md</u>				
Name of person giving Information <u>Alday Clements</u>	How related to deceased <u>Son</u>				
Fall from a step		CAUSES OF DEATH			
Primary	<u>injury to hip</u>				How long <u>6 weeks</u>
Immediate	<u>old age</u>				

166

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

F. A. Sheppard

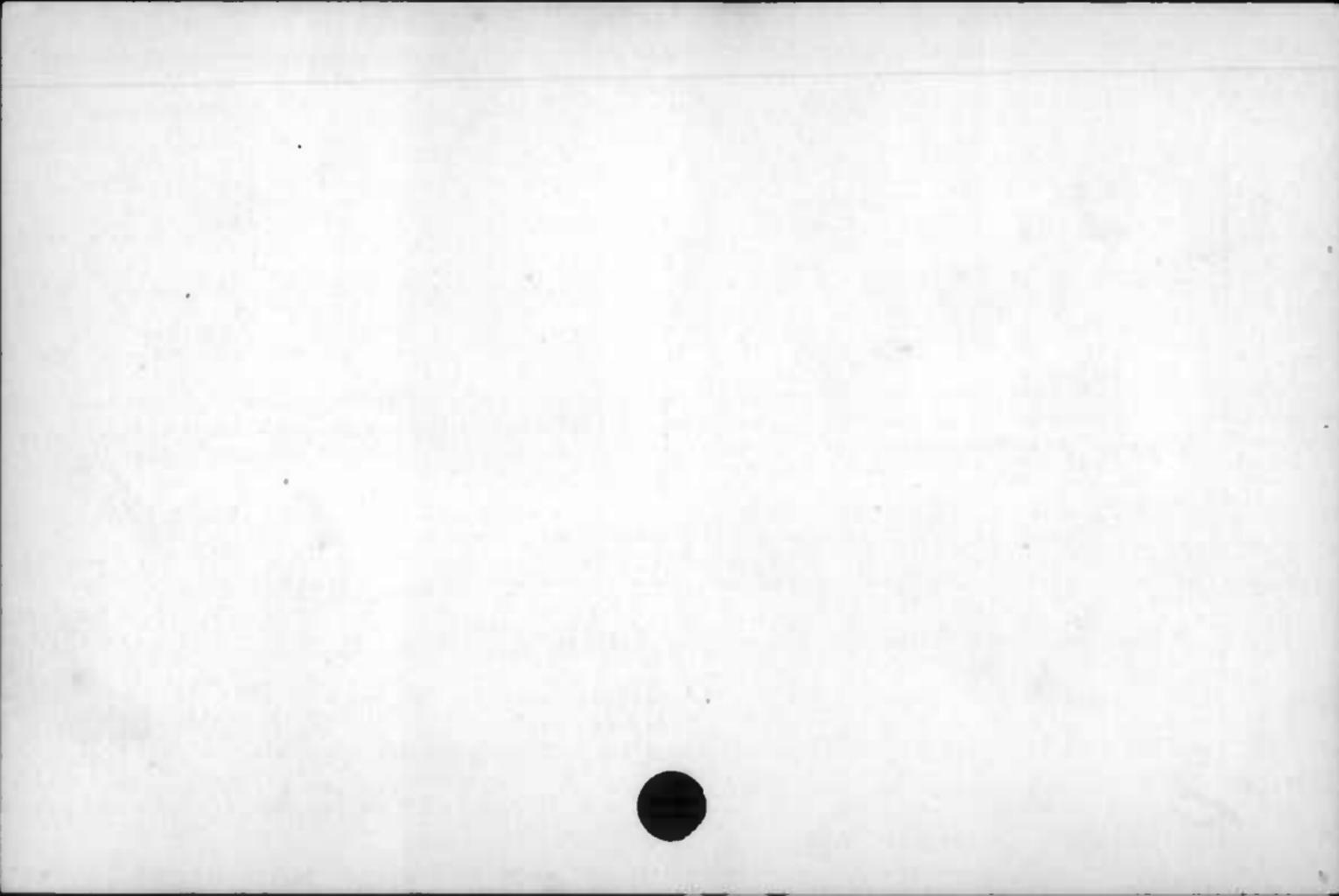
Address

Brumpton

Town and Md

Accident or Suicide?

Accident



Name
in
Full

James Alfred Cotton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Twn	County	MARYLAND
Died at	Sunday Bottom	Kent	
Date of death 190	Month	Day	Month
	9 July 20	20	6
Age	Years	Days	—
Sex	Color or Rcs	Birth-place	
Male	African	Kent W Md	
Occupation	Where Residing if not at place of death		
Farmer	Conleyville Pa.		
Married, Single or Widowed	Name of Wife or Husband	Annie James Cotton	
Married	Marion	Kent Corn.	
Father's Name	Jessie Cotton	Mother's Maiden Name	
Mother's Maiden Name	Jessie Green	Lumberton City	
Name of person giving Information	Ann Cotton	How related to deceased	
		Wife.	

CAUSES OF DEATH

27

X How long

X How long

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis 3 years

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

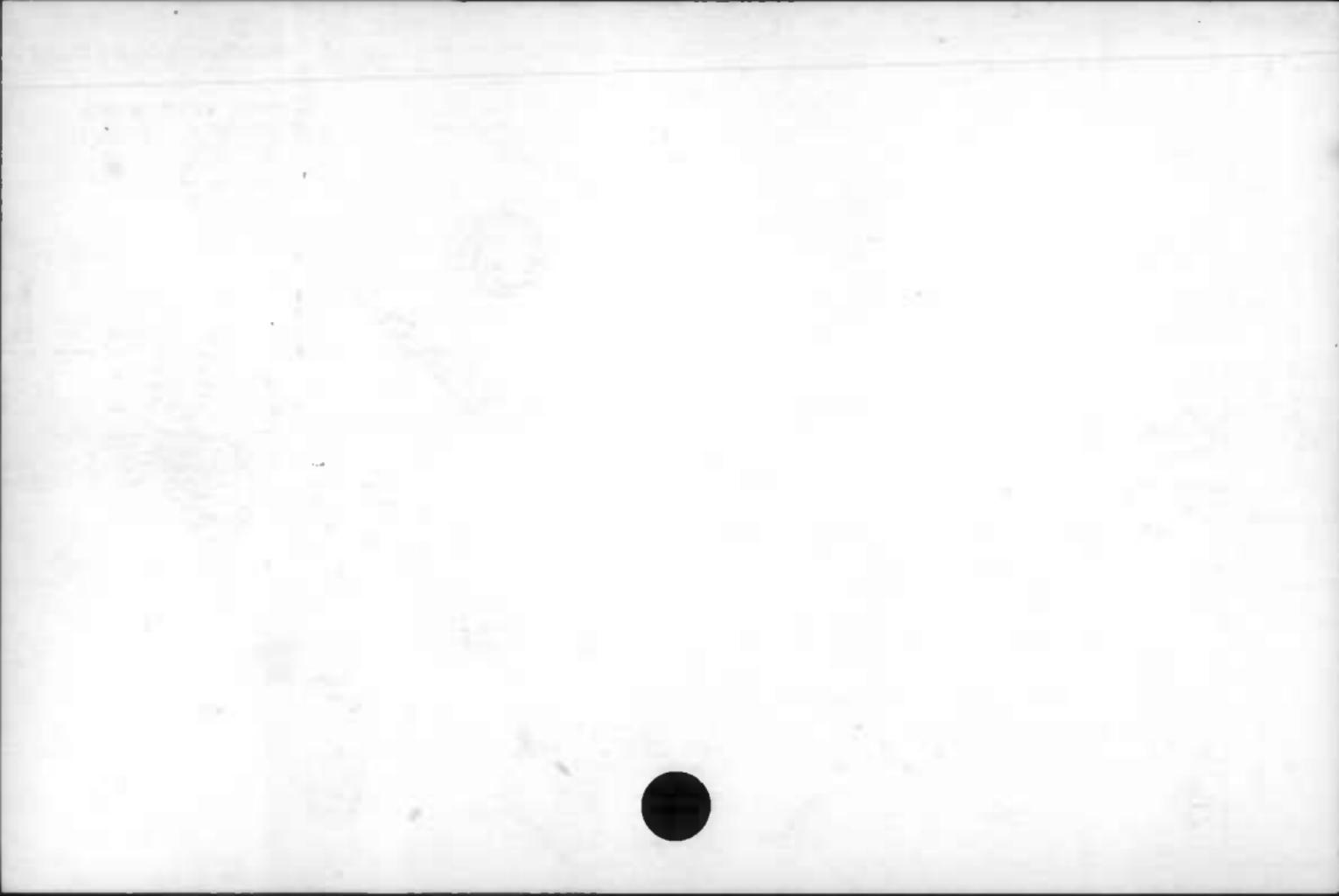
Signature of Physician

Address

Franklin Smith
Chester County
Md

Accident or Suicide

No



Name
in
Full

Mr. Walter Washington Crew.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Chesertown

Town

County

Kent.

MARYLAND

Date of death

1909

Month

Day

Years

Age

52.

Months

Days

Sax

Male.

Color or
Race

White

Birth-
place

Kent Co Md.

Occupation

Farmer.

Where Residing if not
at place of death



Married, Single
or Widowed

Single.

Name of Wife or
Husband



Father's
Name

Alex H. Crew.

Father's
Birthplace

Kent Co Md

Mother's
Maiden Name

Sarah. E. Birch

Mother's
Birthplace

Kent Co Md.

Name of person giving
Information

Hyland Crew.

How related
to deceased

Brother

CAUSES OF DEATH

64

X

How long

16 hours,

How long

Primary

Hypertrophy

Immediate

yes

Signature of
Physician

Address

Overholland
Chesertown
Md.

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Accident or Suicide

Still Pond
Cemetery
Chas L. Dodd

Name
in
Full

Daniel Gilbert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County
Died at Betterton	Kent
Date of death 1909 July	Month Day
28	Age — Years
Sex Male	Color or Race Black
Occupation	Where Residing if not at place of death
Married, Single or Widowed Single	Name of Wife or Husband
Father's Name Daniel Gilbert	Father's Birthplace Md
Mother's Maiden Name Jessie Hanson	Mother's Birthplace Md
Name of person giving Information "	How related to deceased Mother

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Marasmus.
Heart failure

Immediate

yes.

Signature of Physician

Address

179

How long

Are the name, age, sex, color, date and place correctly given above?

J

Accident or Suicide

L.P. Atwell M.D.
Still Pond
Md

• Coleman

Name
in
Full

Clara Bridgeman Haudson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Rock Hall		Town	County Kent		MARYLAND	
Date of death 1909	Month July	Day 2	Age	Years 6	Months	Days -
Sex Female	Color or Race White	Birth-place Baltimore				
Occupation —	Where Residing if not at place of death at place of death					
Married, Single or Widowed —	Name of Wife or Husband —					
Father's Name Joshua B. Haudson	Father's Birthplace Baltimore					
Mother's Maiden Name Adelia R. Hungerford	Mother's Birthplace Baltimore					
Name of person giving Information John B. Haudson	How related to deceased Father, Father					

(Gastro-enteritis)

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Symptoms Cataract

105

X
24 hours

Immediate

Exhaustion

How long

3 hours

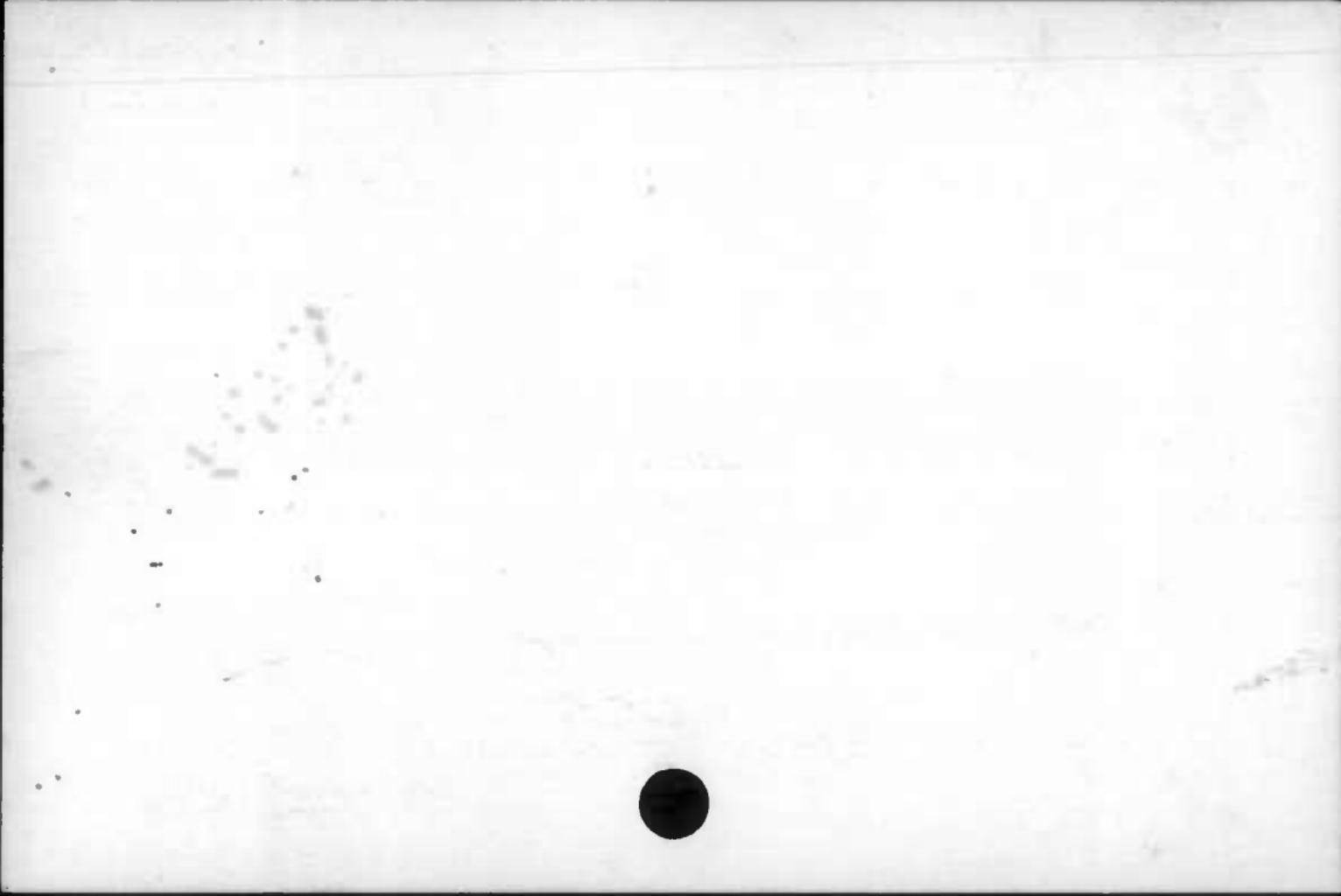
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Walter A. Kelly,
Rock Hall Md.

Accident or Suicide



Name
in
Full

Kly Hastings.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at	County		MARYLAND	
Sassabas	Heres			
Date of death 1909	Month July	Day 12	Age 63	Months Feb.
Sex Male	Color or Race	white	Birth- place Delaware	Days 16
Occupation retired	Where Residing if not at place of death F. A. Sybester			
Married, Single or Widowed single	Name of Wife or Husband —			
Father's Name don't know.	Father's Birthplace don't know			
Mother's Maiden Name don't know.	Mother's Birthplace don't know			
Name of person giving Information F. A. Sybester	How related to deceased no relations			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Albuminuria.

120

X

How long

2 years -

Immediate

"

How long

4 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

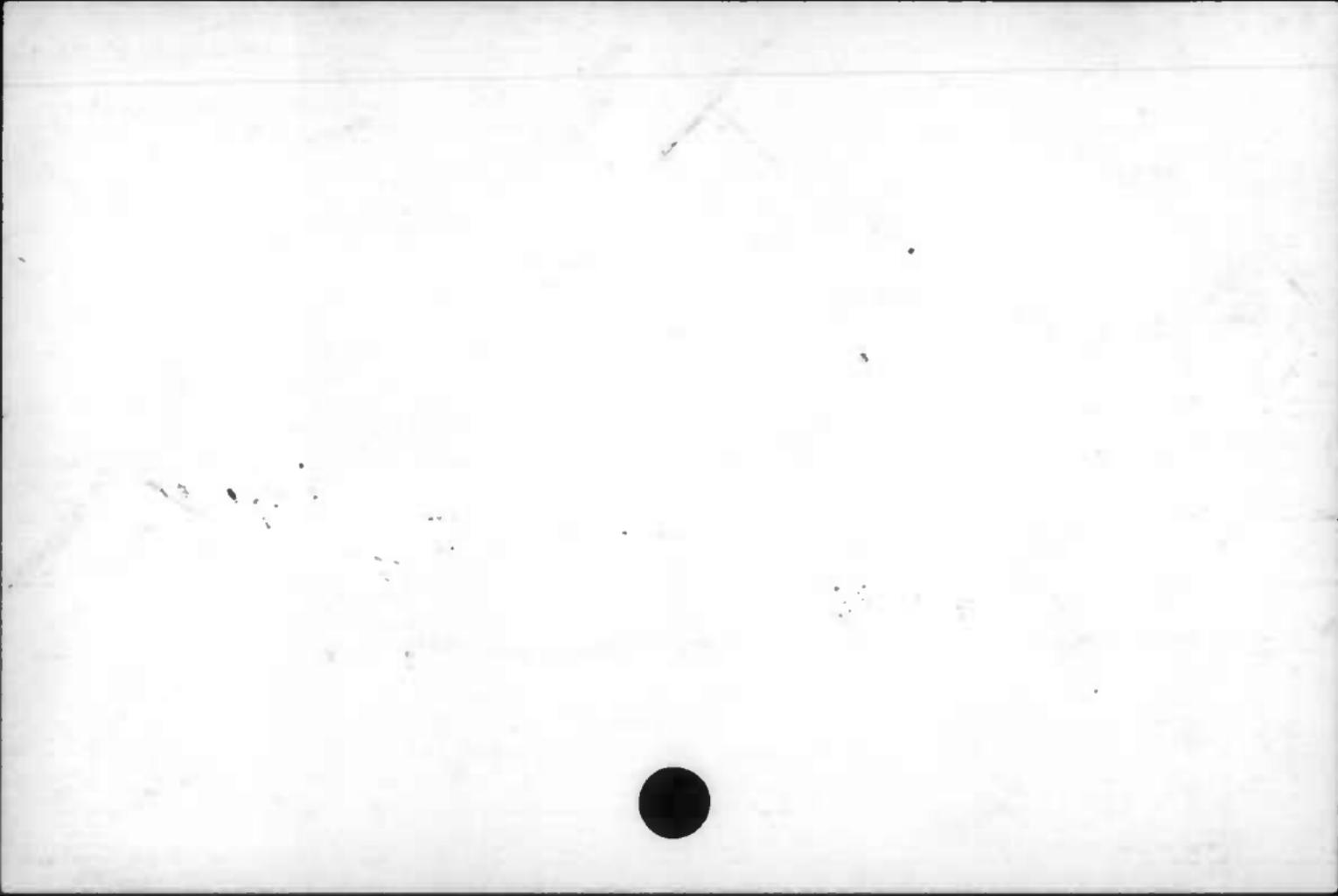
Address

J

P. M. Money.

Sassafras

Accident or Suicide



Name
in
Full

Louis Henry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND		
Died at	near Farlee	Kent.				
Date of death	1909	Month July	Day 30	Age 79	Years	Months 1
Sex	Male	Color or Race	African	Birth-place	Kent Co. Md	
Occupation	Farmer		Where Residing if not at place of death			
Married, Single or Widowed	Widowed	Name of Wife or Husband	Mary Ann Reed			
Father's Name	Unknown		Father's Birthplace	Unknown		
Mother's Maiden Name	Agnes Elmhurst		Mother's Birthplace	Kent Co. Md.		
Name of person giving Information	George S. Henry		How related to deceased	Son.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Oppression

64

How long

Immediats

Obstruction

3 years

Are the name, age, sex, color, date and place correctly given above?

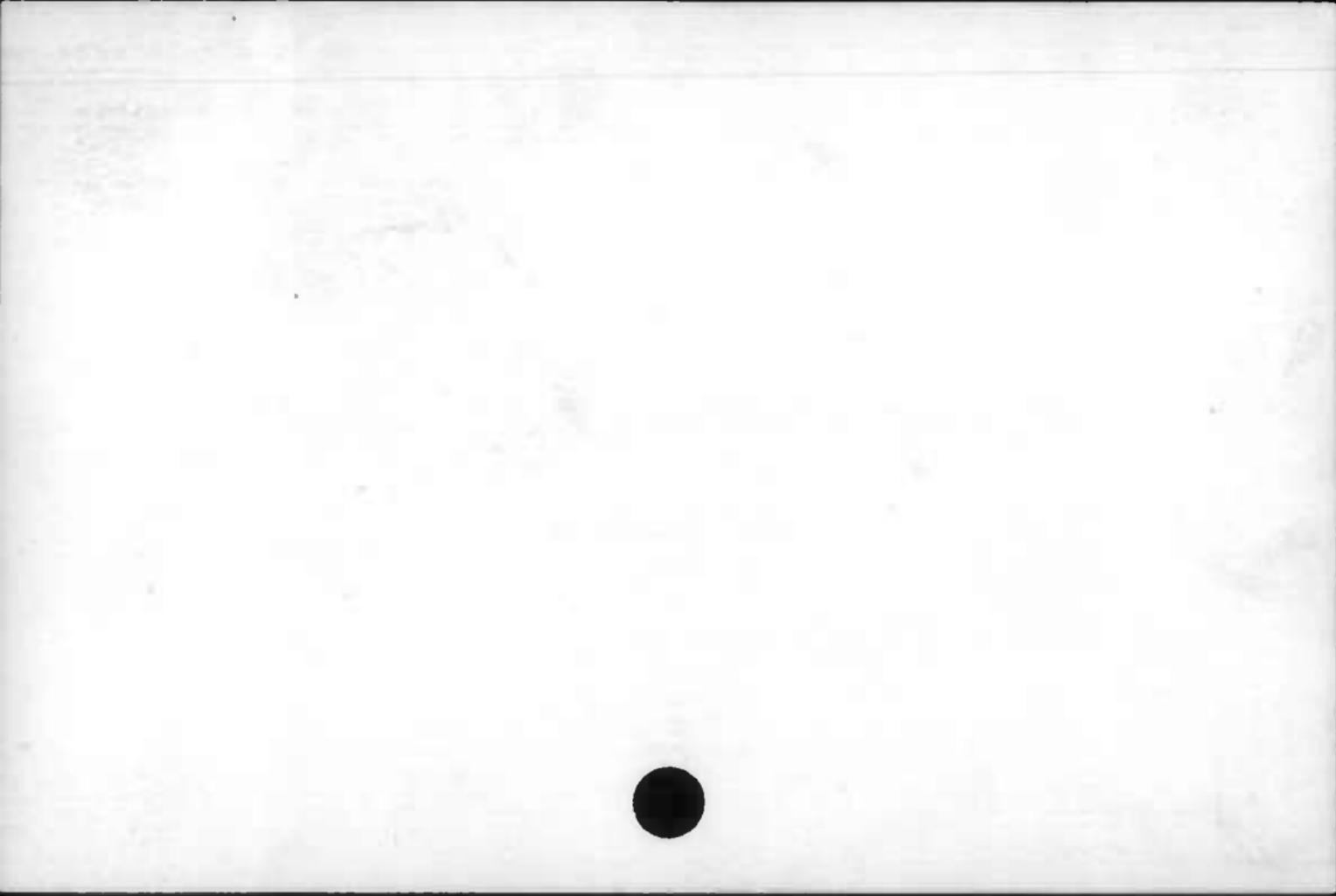
Signature of Physician

Address

Frank W. Smith.
Farlee, Md

20

Accident or Suicide



Name
in
Full

Martha Hutchins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	33
Occupation	Where Reading if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Thomas H Hutchins	
Father's Name	Jos Pearce	Father's Birthplace	Ind
Mother's Maiden Name	Maria Brown	Mother's Birthplace	Ind
Name of person giving Information	Thomas Hutchins	How related to deceased	Husband

CAUSES OF DEATH

Primary	Tuberculosis peritonitis		
Immediate	Exhaustion		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
Yes		H G Simpers	
No		Tuberculosis	
Accident or Suicide			

29

X

How long

several months

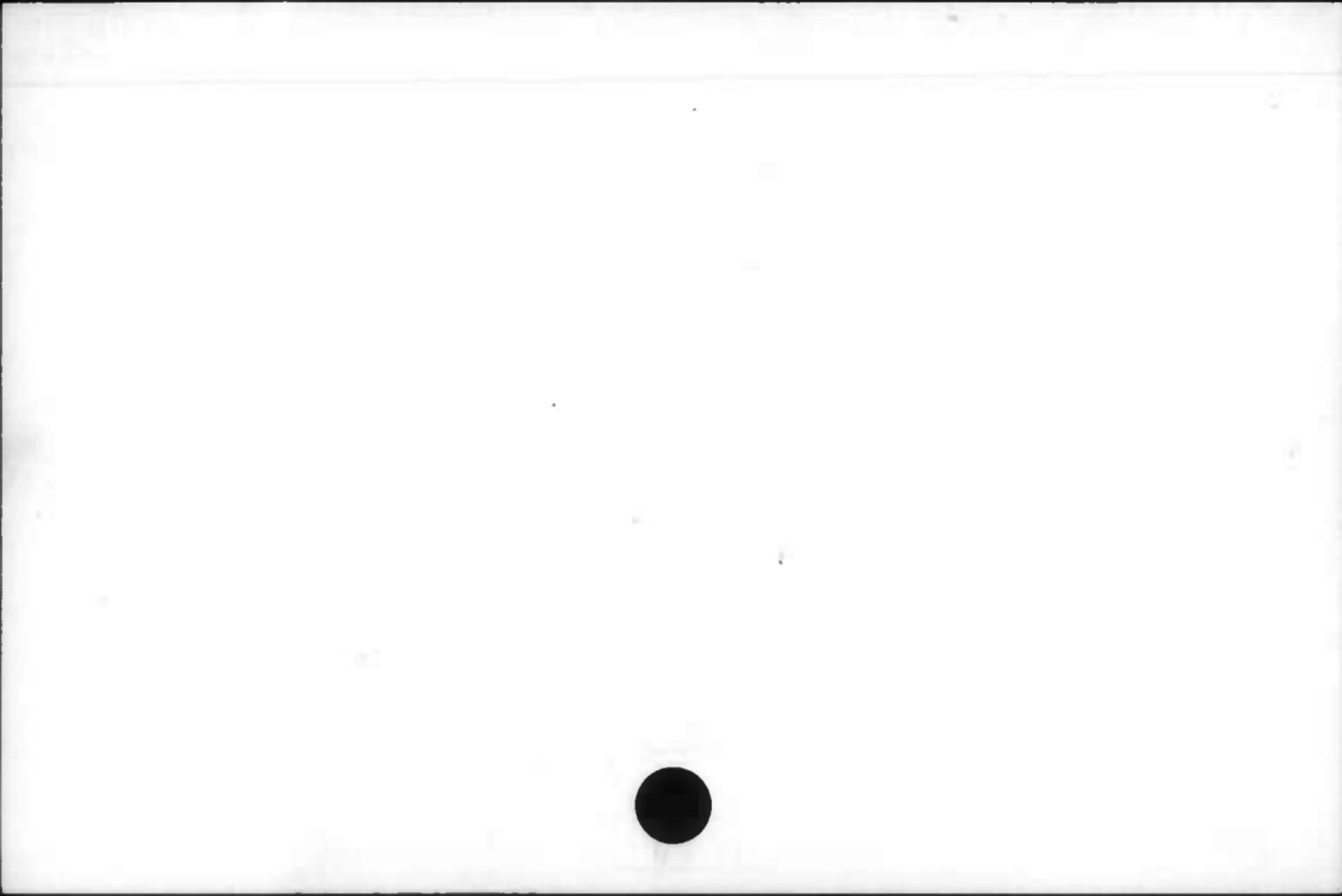
How long

several days

How long

1 to 2 weeks

How long



Name
in
Full

Willie Boose Joiner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Edesville Town Kent County

MARYLAND

Date of death 1909 Month 7. Day 10. Age 25. Years

Months

Days

Sex Female Color or Race White

Birth-place Maryland

Occupation

Domestic

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name

Walter Joiner

Father's Birthplace

Maryland

Mother's Maiden Name

Sadie Nickerson

Mother's Birthplace

Maryland

Name of person giving
Information

G. L. Munch

How related
to deceased

Daughter

27

Hourly

How long

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis Hereditary

Immediate

Exhaustion.

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Dr. W. D. Hall MD
Rock Hall md

PHYSICIAN
OR CORONER

8
Accident or Suicide

base

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Jesse Clark Kendall

Town
Near Rock Hall

County
Kent

CERTIFICATE OF DEATH

MARYLAND

Died at Date of death 1909 Month July Day 19 Age 72

Months — Days —

Sex Male Color or Race White

Birth-place Kent Co. Md.

Occupation Waterman

Where Residing if not
at place of death

Married, Single or Widowed Widowed

Name of Wife or Husband

Maggie Stevens

Father's Name Stephen Kendall

Father's Birthplace Maryland

Mother's Maiden Name Sarah Sawyer

Mother's Birthplace Maryland

Name of person giving Information James Guhl

How related to deceased Son in Law

CAUSES OF DEATH

Primary

Nephritis

120

X

How long

2 years

Immediate

Exhaustion

2 months

Are the name, age, sex, color, date and place correctly given above?

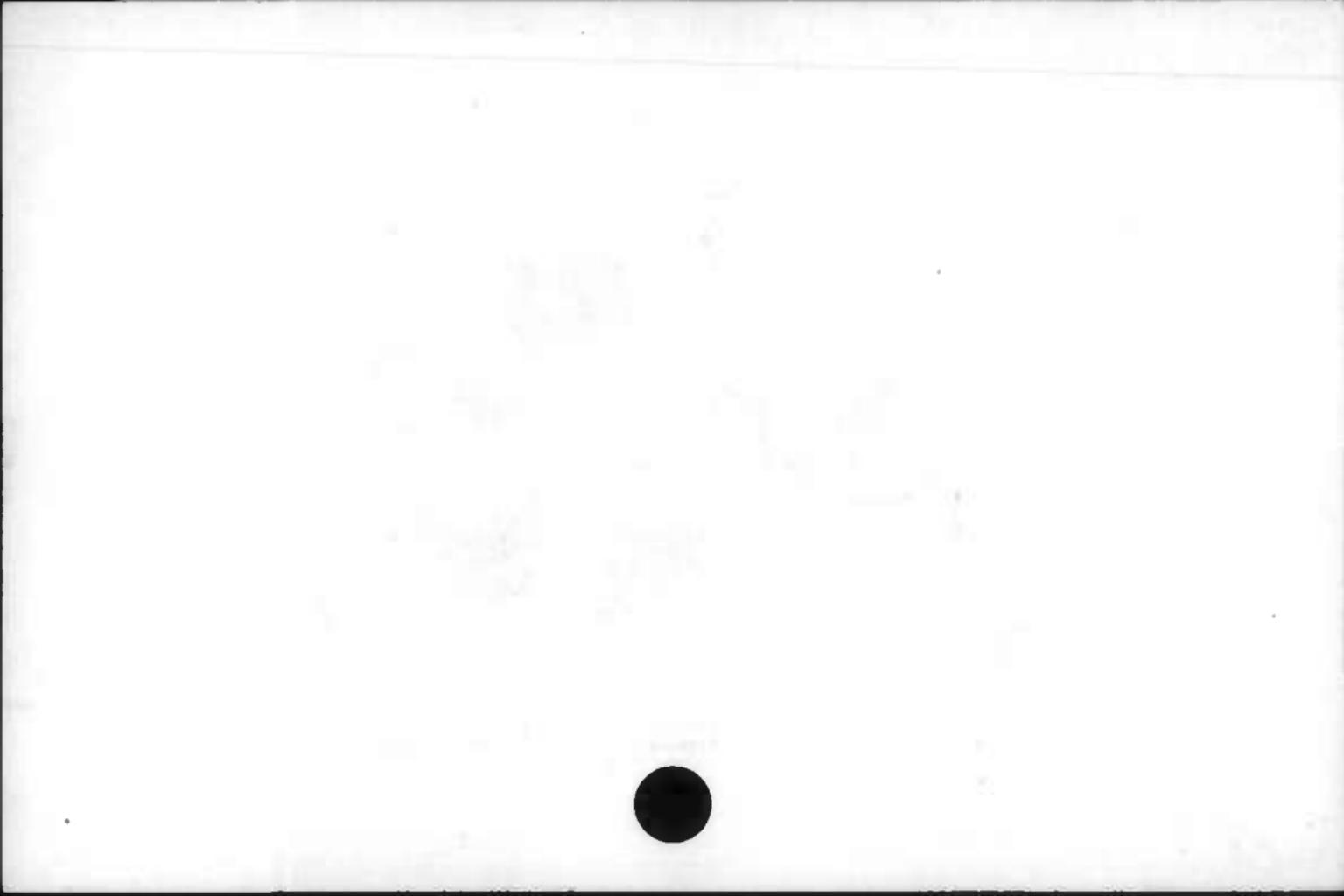
Signature of Physician

Address

H. H. Schwartka M.D.
Rock Hall

Accident or Suicide

no



Name
in
Full

Lelia Paris McWhorter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town Chestertown County Kent
Died at Month Day Years Months Days
Date of death 1909 July 14 Age — 7
Sex Female Color or Race White Birth-place Md.
Occupation — Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Lelia J. McWhorter

Father's
Birthplace

Md.

Mother's
Maiden Name

Lelia M. Reese

Mother's
Birthplace

Md.

Name of person giving
Information

Lelia M. Reese

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Enteric-colicitis

105

X weeks

Immediate

Auto-infection - Septicemia

Several days -

Are the name, age, sex, color,
date and place correctly given above?

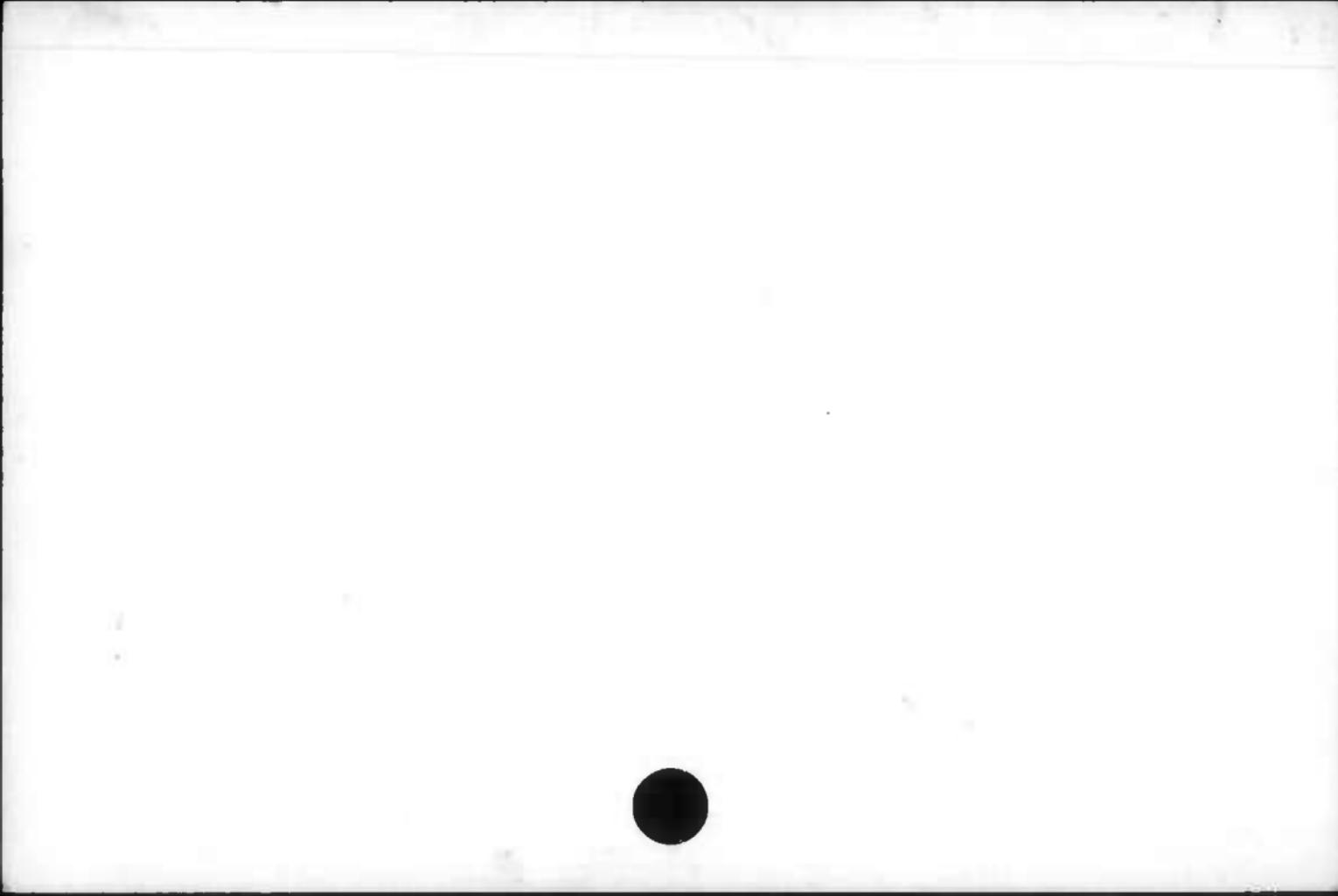
Yes

Signature of
Physician

Address

Harry L. Dolan -
Chestertown, Md.

Accident or Suicide



Name
in
Full

Spencer Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town		County		MARYLAND	
Died at	Stimmonsville	Month	Year	Months	Days
Date of death	1909	July	31	Age	15
Sex	Male	Color or Race	Black	Birthplace	Md.
Occupation	-	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Spencer Morris	Father's Birthplace			
Mother's Maiden Name	Lizzie Taylor	Mother's Birthplace			
Name of person giving Information	S. Morris.	How related to deceased			

CAUSES OF DEATH

Choleo in faratum
Exhaustive

Primary

105°

X

Immediate

Are the name, age, sex, color, date and place correctly given above?

How long

Week

1 day

Signature of Physician

Address

Jacob W. Ulke M.D.
Kennedyville
Md.

Accident or Suicide

J

Still Pond

Name
in
Full

Spencer S. Murray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Chesapeake town	Town	County	MARYLAND
Date of death	1909	Month July	Day 24	Years 53
Sex	Male	Color or Race	Black	Birth-place Kent Co.
Occupation	Fisherman	Where Residing if not at place of death Chesapeake town md		
Married, Single or Widowed	widower	Name of Wife or Husband	Amelia Blaske	
Father's Name	George Murray	Father's Birthplace	Kent Co.	
Mother's Maiden Name	Ellen Cooper	Mother's Birthplace	Kent Co.	
Name of person giving Information	Ellen Murray	How related to deceased	Mother	

27

X

How long

How long

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis 1/2 yr.

Immediate

Acute Indigestion. Regurgitated hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address



Frank B. Hinckley
Chesapeake town md



Accident or Suicide

Yee moon
James M. E. Cemetery.

Name
in
Full

Jes. Perkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Rock Hall	County Kent	MARYLAND				
Died at						
Date of death 1909 July 16	Month July	Day 16	Age 29	Years 29	Month July	Days 16
Sax Male	Color or Race Black	Birth-place Va.				
Occupation Water	Where Residing if not at place of death Va.					
Married, Single or Widowed Not Known	Name of Wife or Husband Not Known					
Father's Name Not Known	Father's Birthplace Not Known					
Mother's Maiden Name Not Known	Mother's Birthplace Not Known					
Name of person giving Information J.C. Copper	How related to deceased not any					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
accidental drown

172

How long

at once

Immediate
Exhause boat

How long

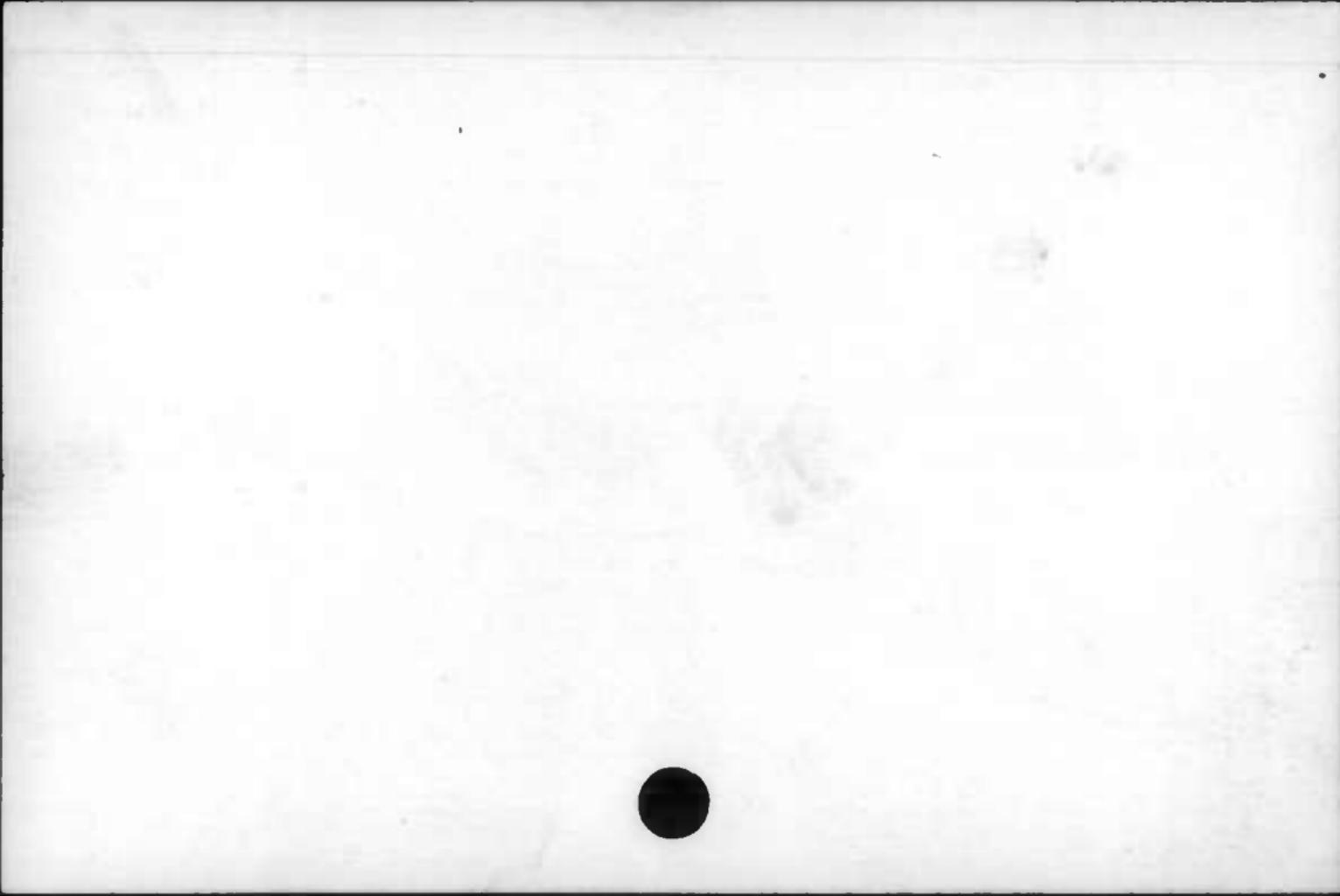
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

W. S. J. Copper
Rock Hall Md.

Accident or Suicide
Accident



Name
in
Full

George Peterson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Chestertown Kent County

Date of death 1909 July 13 Age -

Months /

Sex Male Color or Race White

Birth-place Chestertown

Occupation Infant

Where Residing if not at place of death at home

Married, Single or Widowed infant Name of Wife or Husband

Infant

Father's Name Anthony A Peterson

Father's Birthplace N. J.

Mother's Maiden Name Anna Biddle

Mother's Birthplace Queen Anne Co

Name of person giving Information Anthony A Peterson

How related to deceased Father

CAUSES OF DEATH

Primary Cholera Infantum

105

X

How long

4 or 5 days

Immediate Cholera Infantum

How long

4 or 5 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H. George Simmons

Chestertown
Md.

PHYSICIAN
OR CORONER

Accident or Suicide No.

Clark Dodd
Quakerneck

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Horace Robinson

CERTIFICATE OF DEATH

Died at Chestertown^{Town} | Kent-^{County} | MARYLAND

Date of death	1909	Month	July	Day	12	Years		Months	4	Days	
Sex	Female	Color or Race	Black	Age		Birth- place	Chestertown,				

Occupation _____ Where Residing if not
at place of death Chester town md

Married, Single or Widowed Single **Name of Wife or Husband** _____

Father's Name Chas. Andrew

Mother's
Maiden Name

Name of person giving information Afreeca Robins

Month	Days
Birth-place	Chesapeake and Chester town md

Fether's
Birthplace

Mother's Birthplace

How related
to deceased

151

CAUSES OF DEATH

151

How long

Primary

Primituer Birth CAUSES OF DEATH

Immediate

late *Sf. haematium*

Are the name, age, sex, color, date
and place correctly given above? **920**

Signature of
Physician

Addresa

2

Frank B. Jones
Chester town Ind

Hicks,
Clerad Cemetery
Chesterlawn

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>New Galena</u>		Town	<u>Buse</u>	County	MARYLAND	
Date of death <u>1909</u>	Month <u>July</u>	Day <u>31</u>	Age _____	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Black</u>			Birth-place <u>Kent Co. Md.</u>		
Occupation <u></u>	Where Residing if not at place of death <u></u>					
Married, Single or Widowed <u></u>	Name of Wife or Husband <u></u>					
Father's Name <u>Howard Ruse</u>						Father's Birthplace <u>Kent Co. Md.</u>
Mother's Maiden Name <u>Annie Clayton</u>						Mother's Birthplace <u>Kent Co. Md.</u>
Name of person giving information <u>Howard Ruse</u>						How related to deceased <u>Father</u>

CAUSES OF DEATH

151 X

Primary

Premature birth

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

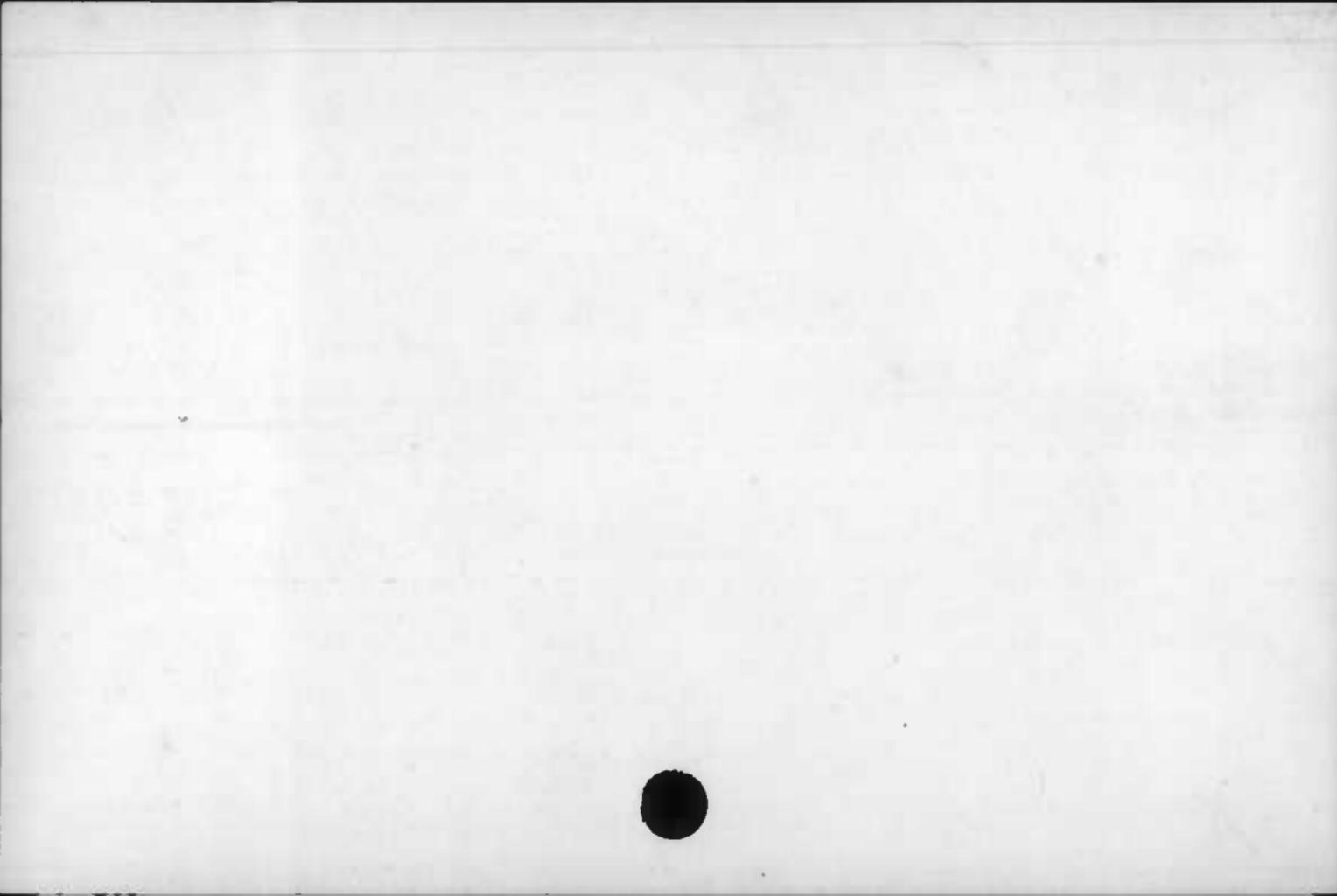
yes

Signature of Physician

Address

Edward A. Scott,
Galena, Md.

Accident or Suicide?



Name
in
Full

Isabelle Shroshshire.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

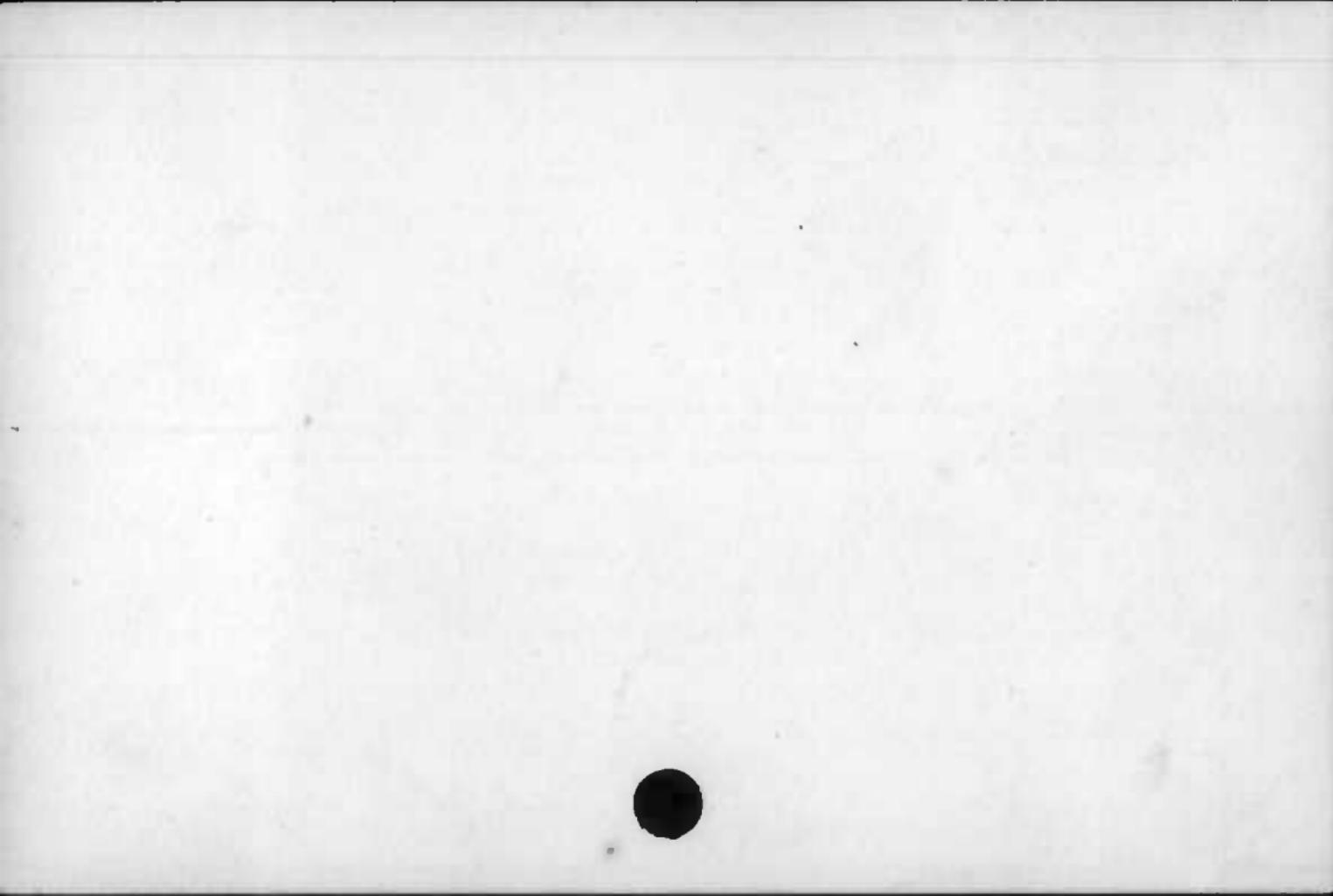
Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
1909	July	12 th	Age 22	5 3
Sex	Female	Color or Race	White	Birth-place
Occupation	Housewife	Where Residing if not at place of death	Camden N. J.	
Married, Single or Widowed	Married	Name of Wife or Husband	Harry H. Shroshshire	
Father's Name	George W. Starr	Father's Birthplace	Camden N. J.	
Mother's Maiden Name	Mary A. Calwin	Mother's Birthplace	Maryland	
Name of person giving information	Harry H. Shroshshire	How related to deceased	Husband	
CAUSES OF DEATH				
Primary	Intestinal Tuberculosis		29	X
Immediate	Exhaustion		How long	7 mos.
Are the name, age, sex, color, date and place correctly given above?			How long	3 days.
yes.			Signature of Physician	Gos. R. Jones, M.D.
			Address	Galena Md.
Accident or Suicide?				

29

X

7 mos.

3 days.



Name
in
Full

Ros. N. Simpler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Town Chestertown County Kent

MARYLAND

Date of death 1909 Month July Day 15

Years

Months

Days

Age

Birth-
place

Chestertown

Sex Male

Color or
Race

White

Occupation

Infant

Where Residing if not
at place of death

Athome

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

James Alfred Simpler

Father's
Birthplace

Kent P.

Mother's
Maiden Name

Ida Everett

Mother's
Birthplace

Del.
Mother

Name of person giving
Information

Jas. Alf Simpler

How related
to deceased

Primary

CAUSES OF DEATH

(105)

Tuberculosis All life

Immediate

Cholera infantum

How long
One day - 3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

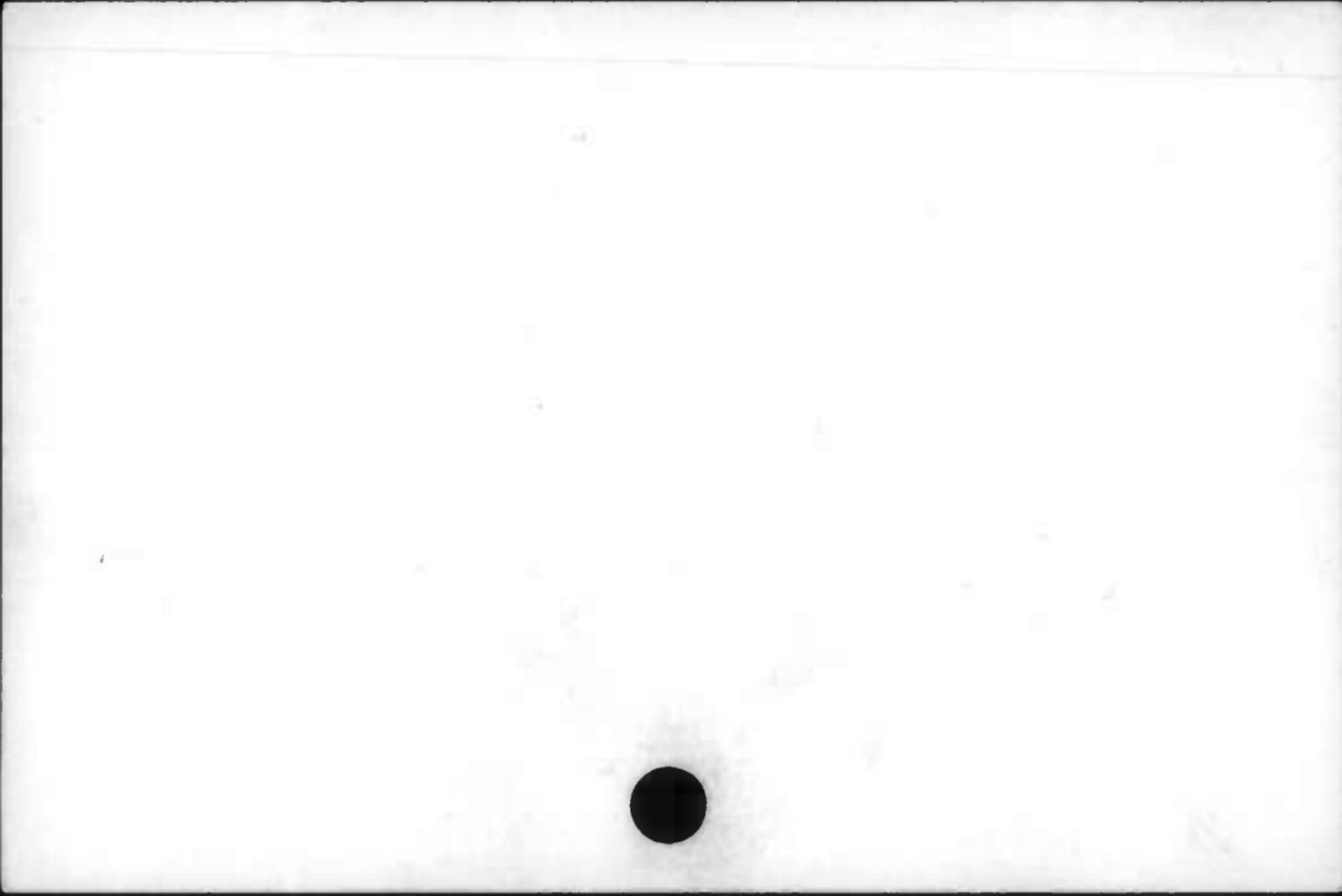
Address

H. Benge Simpler

Chestertown Md

Accident or Suicide

No.



Name
in
Full

Baby Spencer.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <u>Galeton</u>	County <u>Kent.</u>	MARYLAND
Date of death	Month <u>July</u>	Day <u>24</u>	Years <u>Age 14 hours.</u>
Sex	<u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Galeton Md.</u>
Occupation	<u>woman</u>	Where Residing if not at place of death	
Married, Single or Widowed	<u>Singl[e]</u>	Name of Wife or Husband	
Father's Name	<u>Alfred Spencer.</u>		
Mother's Maiden Name	<u>Phoebe Hackett,</u>		
Name of person giving Information	<u>Alfred Spencer.</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Primiture child 7 mos.

151

How long

Immediate

Lived 14 hours after delivery

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Gov. R. Davis M.D.
Galeton
Md.

Accident or Suicide



Name
in
Full

Harriet Tompkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Died at		Alexis Hill	Kurt			
Date of death	Month	Day	Years	Month	Days	
1909	July	28	Age about 104			
Sex	Female	Color or Race	Black	Birth- place	Kurt Co., Ind.	
Occupation	Houswife	Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband	Shade Tompkins			
Father's Name	Unknown		Father's Birthplace	Unknown		
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown		
Name of person giving Information	Mrs Emily Clift		How related to deceased	not at all		

CAUSES OF DEATH

64

Primary

Cerebral hemorrhage

24 hrs

Immediate

Paralysis

24 hrs

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Edward A. Scott,
Galena, Ind.



Accident or Suicide

Sicks

Olivet-cemetery

Name
in
Full

William M. Whyte

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND				
Died at <u>Bethelton</u>	<u>West</u>					
Date of death <u>1909</u>	Month <u>July</u>	Day <u>14</u>	Age <u>71</u>	Years	Months	Days
Sax <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Ind</u>				
Occupation <u>Labourer</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Anna M. Friesley</u>					
Father's Name <u>Wm Whyte</u>	Father's Birthplace <u>Virginia</u>					
Mother's Maiden Name <u>Hennie Smith</u>	Mother's Birthplace <u>Ind</u>					
Name of person giving Information <u>Ronie Whyte</u>	How related to deceased <u>Son</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cardiac Asthma

79

X

How long some years

Immediate

Apnoea & cardiac failure

How long

immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. H. Simpson
Local Board of Health
Chesterton
Ind

Accident or Suicide

No

Buttertown

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	July	11	Age	14	20
Sex	Male	Color or Race	white	Birth-place	Rockface
Occupation	Where Residing if not at place of death at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Walter A. Worts				
Mother's Maiden Name	Ada E. Joiner				
Name of person giving Information	John W. Joiner				

(Gastro-enteritis)

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Summer Catarrah

Immediate

Exhaustion.

Are the name, age, sex, color, date and place correctly given above?

Yrs

Signature of Physician

Address

Walter A. Kelly
Rockface Ave.

Accident or Suicide

